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## BIB DATA SHEET

CONFIRMATION NO. 5211

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/813,783	03/30/2004	606	3773	8627-1901 (PA-5145-CON)
<b>APPLICANTS</b> Henrik S. Klint, Lyngby, DENMARK; Arne Molgaard-Nielsen, Copenhagen, DENMARK; Erik E. Rasmussen, Slagelse, DENMARK;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/923,061 09/03/1997 PAT 6,776,788 which claims benefit of 60/040,737 03/12/1997				
<b>** FOREIGN APPLICATIONS *****</b> DENMARK 938/96 09/03/1996				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/15/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JULIAN W WOO/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE/CHICAGO/COOK PO BOX 10395 CHICAGO, IL 60610 UNITED STATES				
<b>TITLE</b> Embolization method for endovascular occlusion				
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	